Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390049		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/24/2023	
NAME OF PROVIDER OR SUPPLIER: SAINT LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA			STREET ADDRESS, CITY, STATE, ZIP CODE: 801 OSTRUM ST BETHLEHEM, PA 18015				
STATE LICENSE NUMBER: 451201							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COMPLE		(X5) COMPLETE DATE	
P 0000	This report is for the new service, telemedicine-telenephrology, beginning on July 24, 2023. The Saint Lukes Hospital of Bethlehem, St. Luke's Hospital-Allentown Campus and St. Luke's Hospital Sacred Heart Campus attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.			P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:							

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Certified End Page

SAINT LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA

STATE LICENSE NUMBER: 451201 SURVEY EXIT DATE: 07/24/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY